

Anthem Electronic Funds Transfer (EFT) Authorization Form



Completed form should be mailed to:
Anthem Blue Cross and Blue Shield
Cash Processing CC2-262
1351 William Howard Taft
Cincinnati OH 45206
or fax to: (513) 872-8762

We hereby authorize Community Insurance Company, dba Anthem Blue Cross and Blue Shield (Anthem), to initiate debit entries of premiums or any other related payments on our behalf and credit entries as required to our account indicated below, and authorize the financial institution named below to debit/credit the same to such account.

Enrollment type: <input type="checkbox"/> New <input type="checkbox"/> Revised		Requested effective date:	
Financial Institution Information			
Financial Institution name:			
Financial Institution address:		City:	State: ZIP code:
Account no.:		Bank ABA no.:	
Account type: <input type="checkbox"/> Checking/NOW <input type="checkbox"/> Savings <input type="checkbox"/> Other If other, please specify.			
(PLEASE ATTACH A VOIDED CHECK.)			
Customer Information			
Group name:			
Group no. with Anthem:			
Group address:		City:	State: ZIP code:
Group contact person:		Phone no.:	

This authorization is to remain in full force and effect until Anthem and the above-named Financial Institution have received written notification simultaneously from us of its termination in such time and in such manner as to afford Anthem and the above-named Financial Institution a reasonable opportunity to act on it.

Printed name:	Authorized signature on this account:	Date:
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FOR ANTHEM USE ONLY	
Authorized signature of Anthem:	Date: